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30473 Mulholland Highway #68
Agoura Hills, California 91301
16 May 2005

By FAX to United States Patent and Trademark Office: 703.872.9306

Re: **Application No. 09/749,373**
Filing Date 12/22/2000
First Named Inventor Victor Dorff
Art Unit 3624
Examiner Name Lalita Hamilton
Attorney Docket Number DORFF.001.A

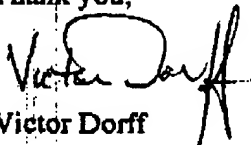
Greetings.

I am the Applicant/Inventor, and I am faxing this letter along with Form PTO/SB/82 (Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address).

My goal is to revoke all current powers of attorney and to represent myself, so that I may speak directly with the Examiner.

Please let me know if there is anything else I need to file.

Thank you,


Victor Dorff

PTO/SB/02 (09-04)

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/749,313
Filing Date	12/22/2000
First Named Inventor	VICTOR DORFF
Art Unit	3624
Examiner Name	HAMILTON, LALITA
Attorney Docket Number	DORFF-001A

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ ~~I am the inventor of the above-identified application. I will now want to speak directly to the examiner. Therefore, I revoke and do not appoint another.~~

☐ ~~I am the inventor of the above-identified application. I will now want to speak directly to the examiner. Therefore, I revoke and do not appoint another.~~

☒ Please change the correspondence address for the above-identified application to:

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	VICTOR DORFF				
Address	30473 Mulholland Hwy # 64				
City	Agoura Hills	State	CA	Zip	91301
Country	USA				
Telephone	818 706 8686	Fax	818 706 9998		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	Victor Dorff		
Name	VICTOR DORFF		
Date	818 706 8686	Telephone	21 Apr 05

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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